

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: Regular
Subject Matter:: Utility
Title:: MICRO-SUPPORT CUSHIONING
SYSTEM
Attorney Docket Number:: 26669/4:2
Total Drawing Sheets:: 4
Suggested Drawing Figure:: 1A
Small Entity:: Yes

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ernest
Middle Name:: D.
Family Name:: Miller
City of Residence:: Portland
State or Province of Residence:: OR
Street of Mailing Address:: P.O. Box 55428
City of Mailing Address:: Portland
State or Province of Mailing Address:: OR
Postal or Zip Code of Mailing Address:: 97238

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 3528
Phone Number:: 503-224-3380, 503-294-9189
Fax Number:: 503-220-2480
E-Mail Address:: patlaw@stoel.com,
mdstolowitz@stoel.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 3528

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/400,336	7/31/02